

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest information received
by a department or accepted by the
Governor on behalf of the state

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Department of Corrections - Iowa State Penitentiary
Name of Department or Office
#3 John Bennet Drive Ft. Madison, IA 52627
Mailing Address
319-372-5432
Area Code & Telephone No. City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Janie Whaley or Michelle Waddle
Name
#3 John Bennet Drive Ft. Madison, IA 52627
Mailing Address (if different from above) City, State, Zip (if different from above)
Email Address Janie.Whaley@iowa.gov 319-372-5432 ext. 408 312
Michelle.Waddle@iowa.gov Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR REQUEST:

Lawrence Ross
Name
1711 Ave I Ft. Madison, IA 52627
Mailing Address
319-372-9216
Area Code & Telephone Number
Email Address (optional)

9-7-12 \$ 125-
Date of Gift or Bequest Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

black adult male bike is green bike

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Lawrence Ross
Signature

9-7-12
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa State Penitentiary	
Name of Department or Office	
Box 316	Ft. Madison, IA 52607
Mailing Address	City, State, Zip Code
319-372-5432	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Janie Whaley or Michelle Waddle	
Name	
Box 316	Ft. Madison, IA 52607
Mailing Address (if different from above)	City, State, Zip (if different from above)
Janie.Whalen@iowa.gov	319-372-5432
Email Address	Area Code & Telephone Number (if different from above)
Michelle.Waddle@iowa.gov	

DONOR OF GIFT OR BEQUEST:

Emma Cornelius Hospitality House	
Name	
2733 Ave. N	Ft. Madison, IA
Mailing Address	City, State, Zip Code
319-372-3983	52607
Area Code & Telephone Number	
Email Address (optional)	

9-25-12	\$ 100-
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

15 MISC. bikes + some parts

Criteria to use this form:

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Statement of Affirmation:

I, _____ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Dorothy Marie Fields
 Signature

9-25-12
 Date